

FY14 VA-DoD Billing Update

Presented by DHA UBO Program Office Support

22 October 2013 0800 - 0900 ET
24 October 2013 1400 - 1500 ET

From your computer or Web-enabled mobile device log into: <http://altarum.adobeconnect.com/ubo>. Enter as a guest, then enter your name plus your Service affiliation (e.g., Army, Navy, Air Force) for your Service to receive credit. Instructions for CEU credit are at the end of this presentation.

[Note: The DHA UBO Program Office is **not** responsible for and does not reimburse any airtime, data, roaming or other charges for mobile, wireless and any other internet connections and use.]

Listen to the Webinar by audio stream through your computer or Web-enabled mobile device . To do so, it must have a sound card and speakers. Make sure the volume is up (click "start", "control panel", "sounds and audio devices" and move the volume to "high") and that the "mute" check box is not marked on your volume/horn icon. IF YOU DO NOT HAVE A SOUND CARD OR SPEAKERS OR HAVE ANY TECHNICAL PROBLEMS BEFORE OR DURING THE WEBINAR, PLEASE CONTACT US AT WEBMEETING@ALTARUM.ORG so we may assist and set you up with audio. You may submit a question or request technical assistance at anytime by typing it into the "Question" field on the left and clicking "Send."

- This webinar will address VA-DoD billing as well as other VA-DoD topics:
 - Understanding VA billing
 - VA-DoD Resource Sharing Agreements
 - Updated FY14 Inpatient Calculator package
 - FY13 Outpatient Billing Guide
 - Scenarios



K61-1 (VETERANS ADMIN BENEFICIARY)

- Use this PATCAT if no local VA-DoD resource sharing agreement
- Use the DHA UBO rates: http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm
 - Interagency discount applies to outpatient (including lab and rad), dental, anesthesia, and ambulance services; full rate for DME, immunization, or pharmaceuticals
 - Inpatient -MTF-specific Interagency rate (IAR)
 - Includes inpatient institutional (94%) and professional (7%) charge
 - Outpatient -Interagency/Other Federal Agency Sponsored Rate (IOR) or apply government discount calculation factor as applicable
 - Pharmaceuticals – DHA UBO rates and Pharmacy Price Estimator (PPE):
http://www.tricare.mil/ocfo/mcfs/ubo/mhs_r

K61-2 (DOD/VA SHARING AGREEMENT)

- MTF must have current VA-DoD RS agreement to use this PATCAT
- Follow local sharing agreement. If billing rates not specified, follow national guidelines
 - TRICARE ASA
<http://www.tricare.mil/drgrates/index.cfm?fuseaction=main.adjAmounts&fiscalYear=2014> and CMAC <http://www.tricare.mil/cmac> rates less 10% for inpatient and outpatient care
 - TRICARE ASA does not include 7% professional charge, thus charge for professional component of inpatient care
 - DHA UBO VA-DoD PPE: <http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#VAPharmacy>
 - MTFs may use DHA UBO VA-DoD Inpatient and Outpatient Billing Guides
 - Following slides will demonstrate



Guide to VA-DoD Resource Sharing Agreements

- 38 USC § 8111
 - Requires VA and DoD to enter into mutually beneficial agreements for sharing of healthcare resources.
 - Instructs VA and DoD Secretaries to issue guidelines and policy directives “for a standardized, uniform payment reimbursement schedule”
Flashback to UBO Policy presentation:

- USC = US Code
- A compilation of general and permanent federal laws of the United States
- Enacted through the

38 USC 8111

NB: This unofficial compilation of the U.S. Code is current as of Jan. 3, 2009 (see <http://www.law.cornell.edu/uscode/ugment.html>).

TITLE 38 - VETERANS BENEFITS
PART VI - ACQUISITION AND DISPOSITION OF PROPERTY
CHAPTER 81 - ACQUISITION AND OPERATION OF HOSPITAL AND DOMICILIARY FACILITIES; PROCUREMENT AND SUPPLY; ENHANCED-USE LEASES OF REAL PROPERTY
SUBCHAPTER I - ACQUISITION AND OPERATION OF MEDICAL FACILITIES

§ 8111. Sharing of Department of Veterans Affairs and Department of Defense health care resources

(a) Required Coordination and Sharing of Health Care Resources.— The Secretary of Veterans Affairs and the Secretary of Defense shall enter into agreements and contracts for the mutually beneficial coordination, use, or exchange of use of the health care resources of the Department of Veterans Affairs and the Department of Defense with the goal of improving the access to, and quality and cost effectiveness of, the health care provided by the Veterans Health Administration and the Military Health System to the beneficiaries of both Departments.

(b) Joint Requirements for Secretaries of Veterans Affairs and Defense.— To facilitate the mutually beneficial coordination, use, or exchange of use of the health care resources of the two Departments, the two Secretaries shall carry out the following functions:

(1) Develop and publish a joint strategic vision statement and a joint strategic plan to shape, focus, and prioritize the coordination and sharing efforts among appropriate elements of the two Departments and incorporate the goals and requirements of the joint sharing plan into the strategic plan of each Department under section 306 of title 5 and the performance plan of each Department under section 1115 of title 31.

(2) Jointly fund the Department of Veterans Affairs-Department of Defense Joint Executive Committee under section 320 of this title.

(3) Continue to facilitate and improve sharing between individual Department of Veterans Affairs and Department of Defense health care facilities, but giving priority of effort to initiatives

(A) that improve sharing and coordination of health resources at the intraregional and nationwide levels, and

(B) that improve the ability of both Departments to provide coordinated health care.

(4) Establish a joint incentive program under subsection (d).

[Repealed. Pub. L. 108-136, div. A, title V, § 583(b)(1), Nov. 24, 2003, 117 Stat. 1491.]

(d) Joint Incentives Program.—

(1) Pursuant to subsection (b)(4), the two Secretaries shall carry out a program to identify, provide incentives to, implement, fund, and evaluate creative coordination and sharing initiatives at the facility, intraregional, and nationwide levels. The program shall be administered by the Department of Veterans Affairs-Department of Defense Joint Executive Committee, under procedures jointly prescribed by the two Secretaries.

(2) To facilitate the incentive program, there is established in the Treasury a fund to be known as the "DOD-VA Health Care Sharing Incentive Fund". Each Secretary shall annually contribute to the fund a minimum of \$15,000,000 from the funds appropriated to that Secretary's Department. Such funds shall remain available until expended and shall be available for any purpose authorized by this section.

(3) The program under this subsection shall terminate on September 30, 2010.



Guide to VA-DoD Resource Sharing Agreements

2003 "VA-DoD Health Executive Council Memorandum of Agreement Health Care Resource Sharing Reimbursement Methodology"

- National agreement that provides reimbursement methodology for care provided at VA and DoD medical facilities with resource sharing agreements
 - Charge TRICARE rates, in general, less 10% for inpatient and outpatient care
- Authorizes waivers and local agreements,
 - “1) if the standardized rate does not cover marginal costs of care
 - 2) if the standardized rate is higher than local market rates and both parties desire a larger discount from CMAC.”
- Does not apply to reimbursement for care at facilities with agreements between the VA and TRICARE Managed Care Support Contractors

VA/DoD Health Executive Council
Memorandum of Agreement
Health Care Resource Sharing
Reimbursement Methodology

This document establishes the reimbursement methodology for direct sharing of health care resources between facilities of the Department of Veterans Affairs (VA) and the Department of Defense (DoD). It replaces reimbursement guidelines issued in 1983 and 1989. This document pertains to direct sharing agreements only, not to agreements between the VA and TRICARE Managed Care Support Contractors.

1. BACKGROUND

During previous agreements between VA and DoD, flexibility was given to establish locally developed rates for medical sharing agreements. This resulted in the proliferation of rate setting mechanisms, introduced unnecessary complexity in the billing process and called in question the financial efficacy of such agreements. Facilities focused their attention on the negotiation of rates rather than collaborating together. Once the rates were set, they were often not reviewed for several years.

The Financial Management Work Group, under the direction of the VA/DoD Health Executive Council, proposed a national rate structure be implemented that is regionally adjusted, and discounted to encourage further resource sharing. Use of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Maximum Allowable Charge rate structure will ensure that rates are regionally adjusted, updated yearly, and publicly accessible via website.

2. AUTHORITY

A. Department of Veterans Affairs and Department of Defense
Sharing and Emergency Operations Act (38 U.S.C. 8111)

**38 USC
8111**

3. POLICY

A. Both the VA and DoD will use CHAMPUS Maximum Allowable Charge (CMAC) rates less 10% as the reimbursement methodology for health care reimbursement between medical facilities, for institutional and professional charges. The discount rate will be reviewed annually to maximize resource sharing levels.

B. The two Departments will use this reimbursement methodology for all clinical services and specialty programs such as spinal cord injury, traumatic brain injury and



Guide to VA-DoD Resource Sharing Agreements

- VA-DoD 2006 Inpatient and 2009 Outpatient Policy Billing Guidance
 - Provide specific reimbursement methodologies for both inpatient and outpatient claims
 - <http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm>
- DHA UBO User Guide, “VA-DoD Resource Sharing Billing”: http://www.tricare.mil/ocfo/mcfs/ubo/policy_guidance/userguide.cfm



Outpatient

Department of Defense
Agreements for Health

This guidance is based on the 2003 memorandum of agreement signed by the Assistant Secretary of Defense for Health Affairs and the Under Secretary for Health, Veterans Health Administration. It replaces the previous implementation guidance for outpatient direct sharing agreements between the Department of Defense (DoD) and the Department of Veterans Affairs (VA). It does not apply to network agreements between VA medical facilities and DoD's managed care support contractors (MCSC) nor to outpatient services rendered under the auspices of the National MOA for Spinal Cord Injury, Traumatic Brain Injury and Blind Rehabilitation, which are billed through the MCSC.

1. Basic Methodology. DoD and VA medical facilities will bill outpatient clinical services provided under direct sharing agreements at the US Maximum Allowable Charge (CMAC) less 10 percent for the appropriate Current Procedure Terminology (CPT) code. If there is no CMAC rate for a particular CPT code, the facility may substitute an agreed upon rate. The facility providing care will bill the discounted rate and receiving facility will pay the amount billed. Rates are located at the TRICARE Management Activity website as shown: <http://www.tricare.mil/cmac/>

2. CMAC Rate Tables. Facilities will use the rate table specific to their own zip code. DoD facilities should use the private sector care CMAC rates found in the TRICARE website (<http://www.tricare.mil/cmac/>) and forward them to the Defense Uniform Business Office (UBO) into the DoD outpatient billing system. UBO loaded CMAC rates are slightly different and are used for third party billing for DoD. If there is no CMAC rate available for a specific service, negotiate a local rate.

3. Outpatient Visits. DoD and VA medical facilities will use the non-facility rates (two and four) for outpatient visits. Use type two for physicians and type four for non-physician providers. There will be no additional institutional fee for the outpatient visit because it is already included in the non-facility rate. Ancillary services should be billed in addition to the outpatient visit.

4. Ambulatory Procedure Visit. Each Department will follow its own business office guidance for ambulatory procedure billing for institutional costs. Facilities may negotiate discounts from either VA reasonable charges or DoD rates. CMAC less 10% should be used for professional fees. Prices should include appropriate follow-up.



Guide to VA-DoD Resource Sharing Agreements

- Local VA-DoD Resource Sharing Agreements
 - Based upon the national guidance, but may provide more specificity
 - Must have current local RS agreement to use PATCAT K61-2
 - List of MTFs with local RS agreements is available at: <http://www.tricare.mil/DVPCO/va-direct.cfm>
 - Consult with your Service Program Manager to verify and for additional information
- MTF personnel must be aware of the provisions of their local RS agreement in order to generate accurate claims
- Review your MTF's RS agreement to determine which version of the DHA UBO calculator and billing guide applies



VA-DoD Inpatient Claims for VA-DoD Resource Sharing agreement care



Components of Inpatient Care

- Institutional component includes:
 - Routine services (e.g., room, board, therapy, and nursing services), and supplies necessary for the treatment of the patient
 - Technical components of ancillary services (i.e., laboratory, radiology)
 - ED facility/ancillary services
 - Take-home drugs
 - Special care unit operation
 - Charges based on TRICARE/CHAMPUS Medicare Severity-Diagnosis Related Group (MS-DRG)-based payment system
 - Use DHA UBO Inpatient Institutional Calculator to calculate billable charge based on MS-DRG, Length of Stay, Disposition Status, and MTF ZIP Code
- Inpatient Admission from ED
 - the discharge type from the ED should be “admitted”
 - submit claim for the professional charges, including CPT® codes 99291 and 99292, unless precluded by the local

Components of Inpatient Care

- Per VA-DoD Inpatient Guidance Memorandum, charges for Non-Institutional inpatient services/supplies/pharmaceuticals are based on rates in effect on date of discharge:

Professional Services	TRICARE CMAC rate less 10% discount
Durable Medical Equipment	Cost
Ambulance Services	CMS Ambulance rate
Anesthesia Professional Services	TRICARE CMAC rate less 10% discount
Purchased Care Services from Outside Facility	Cost
Pharmaceuticals	Average wholesale price (AWP) less 60 percent plus a \$9.00 dispensing fee
Pass-through Items	Cost
Other	Cost

- MTFs may negotiate different rates with the VA, including different discount % or specific rates



Inpatient Billing Resources

- Inpatient Institutional Calculator, Inpatient Billing Guide for Professional Services, User Guide, and a list of the official ZIP codes of MTFs that provide inpatient care are available on the DHA_UBO Web site at: <http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm>
 - Use of the calculator and billing guide is optional
 - The calculator is intended to help with generating a claim, it cannot be substituted for other billing documents
- For MTFs with standard resource sharing agreements with the VA
 - Use the Excel® file:
“Standard_Modified_VA-DoD_Inp_Inst_Calculator_FYxx.xls”
 - Includes a fixed 10% discount for institutional, professional, and anesthesia and ambulance services
- For MTFs that have negotiated an agreement with a different discount percentage or negotiated rate for one or more of these services/items
 - Use the Excel® file:
“Variable_Rate_Modified_VA-DoD_Inp_Inst_Calculator_FYxx.xls”
 - Manually enter discount percentage
- Select the version of the Calculator based on the patient's date of discharge



Inpatient Institutional Calculator

VA-DoD Resource Sharing - Inpatient Institutional Billing

Modified TRICARE MS-DRG Payment Calculator - For Patients Discharged in FY14

Claim Information	LOS	0	Clear Worksheet
	MS-DRG	0	
	Disposition Status	0	
Hospital-Specific Information	Facility ZIP Code (5 digits)		
Policy Information	VA-DoD Discount	10%	
Payment Summary	Inpatient Institutional Charge	\$	-

Instructions for use:

- a. Enter Length of Stay (LOS) in Bed Days in cell C3 of Claim Information
- b. Enter Medicare Severity Diagnosis Related Group (MS-DRG) in cell C4 of Claim Information. The description of the MS-DRG number entered will display in the box below
- c. Enter Disposition Status in cell C5 of Claim Information
- d. Enter ZIP Code of your MTF in cell C6 of Hospital-Specific Information unless care was provided at an overseas MTF. Overseas MTFs enter 00000 in cell C6.
- e. VA-DoD Discount is fixed at 10%
- f. Inpatient Institutional Charge is displayed in cell C8 of Payment Summary

[Click here to access the complete VA-DoD Institutional Billing Calculator User Guide on the UBO Website](#)



MS-DRG Description

Enter MS-DRG Above in cell C4.



Calculating Inpatient Institutional Charge

- For standard resource sharing agreements with 10% discount, user must enter the following 4 inputs (obtained from the patient record):
 - Length of Stay in bed days
 - MS-DRG
 - Disposition Status
 - Facility ZIP Code (5 digits)
- If an MTF has negotiated a discount other than 10% or a specific charge, use the Variable Rate Calculator, and enter the negotiated VA-DoD Discount or charge as well

LOS	0
MS-DRG	0
Disposition Status	0
Facility ZIP Code (5 digits)	0
VA-DoD Discount	10%
Inpatient Institutional Charge	\$ -

Calculating Inpatient Institutional Charge

- When MS-DRG is entered, its description displays below the Calculator:

MS-DRG Description	INFLAMMATORY BOWEL DISEASE W CC
--------------------	---------------------------------

- Once all of the required inputs have been entered, the Calculator will display the total claim amount to submit to the VA for the *institutional* component of the inpatient episode of care

VA-DoD Resource Sharing - Inpatient Institutional Billing		
Modified TRICARE MS-DRG Payment Calculator - For Patients Discharged in FY14		
Claim Information	LOS	5
	MS-DRG	41
	Disposition Status	1
Hospital-Specific Information	Facility ZIP Code (5 digits)	20889
Policy Information	VA-DoD Discount	10%
Payment Summary	Inpatient Institutional Charge	\$ 11,644.30



Inpatient Billing Guide (IBG)

- Contained in same Excel® workbook as the IIC
- Institutional charge automatically populates in the IBG when calculated in the IIC

VA-DoD Resource Sharing - Inpatient Billing Guide					
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator	\$ -		\$ 11,644.30
+ Professional Services		TRICARE CMAC less Discount*	\$ -	10%	\$ -
+ Durable Medical Equipment		Cost	\$ -	0%	\$ -
+ Ambulance Services		CMS Ambulance less Discount*	\$ -	10%	\$ -
+ Anesthesia Professional Services		TRICARE CMAC less Discount*	\$ -	10%	\$ -
+ Purchased Care Services from Outside Facility		cost	\$ -	0%	\$ -
+ Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
+ Pass-through Items		cost	\$ -	0%	\$ -
+ Other		cost	\$ -	0%	\$ -
Total					\$ 11,644.30

[Clear Worksheet](#)[Print Worksheets](#)[Export Worksheet](#)



Inpatient Billing Guide (IBG)

- Most non-institutional services have a link under the “Billing Criteria” column to access and use a TRICARE, CMS or DHA UBO Web site to determine the appropriate rate
 - Click on the link to open the Web site in default Web browser
 - Enter codes and other required information from patient encounter record to look up rate, and then enter it in the “Cost” column
 - Use Category 1 (facility physician) or Category 3 (facility non-physician) rates for services provided
 - VA-DoD discount will be applied automatically (if applicable) to calculate the VA Billable Amount for that service or item
 - Ability to add multiple services/supplies/pharmaceuticals on one workbook page if needed

Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ 11,644.30
Professional Services		TRICARE CMAC less Discount*	\$ 714.72	10%	\$ 643.25

- All Excel® worksheet fields are reset each time the file is opened

- Each worksheet has three Command Buttons:

Clear Worksheet

← Clears the active worksheet of all User-entered data

Print Worksheets

← Sends all worksheets to User's default printer

Export Worksheets

← Creates a new Excel® workbook with copies of the data from the worksheets

- Exported/saved Worksheet only contains a copy of the patient's information entered and total charges calculated
- User cannot change data and recalculate VA Billable charges in the exported/saved worksheet
- If changes to calculations are necessary, recalculate using original Excel® workbook and then export again
- To save a copy of the completed worksheets for a particular inpatient episode of care must first export a copy then save



- 2006 VA-DoD Inpatient Guidance Memorandum:
 - Billing will be based on the agreement in place at the time services were rendered
 - Initial bills for inpatient care will be accepted for payment for up to one year after the date of discharge or end of encounter, unless the facilities agree to an extension due to local circumstances
 - Valid bills will be paid promptly
- User Guide available for download and reference from the DHA UBO Web site at:
<http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm>



VA-DoD Outpatient Claims for VA-DoD Resource Sharing agreement care



- Outpatient Billing Guide (OBG) was developed to assist MTFs with Resource Sharing agreements to submit claims to the VA for outpatient care
- Billing criteria are based on 2003 National Resource Sharing Agreement and 2009 Outpatient Billing Guidance
- Format based on existing Inpatient Institutional Calculator and Billing Guide
- Developed with input from focus groups and beta testers
- Use of OBG is optional
- OBG is designed to assist with generating a claim, it cannot be substituted for existing billing forms
- A User Guide is also provided to assist MTFs with use of the OBG



VA-DoD Resource Sharing Outpatient Billing Guide

VA-DoD Resource Sharing - Outpatient					
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount
Institutional Service(s)		Locally negotiated rate	\$ -	0%	\$ -
+ Professional Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
+ Anesthesia Professional Service(s)		TRICARE Anesthesia Procedure Pricing	\$ -	10%	\$ -
+ Implant(s) supplied by referring facility		Locally negotiated rate	\$ -	0%	\$ -
+ Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ -	0%	\$ -
+ Laboratory Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
+ Radiology Service(s)		TRICARE Global CMAC less Discount	\$ -	10%	\$ -
+ Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
+ DME/DMS		Locally negotiated rate	\$ -	0%	\$ -
Total					\$ -
<p><input type="checkbox"/> Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.</p> <p><input type="checkbox"/> When looking up CMAC rates, use Provider Class 2 for services provided by a physician and use Provider Class 4 for services provided by a non-physician.</p> <p><input type="checkbox"/> If there is no CMAC rate for a particular service, a locally negotiated rate may be substituted.</p> <p><input type="checkbox"/> Institutional Services can only be charged for Ambulatory Procedure Visits, Same Day Surgery, Observation Beds, and Emergency Room Visits. Costs are negotiated locally for these types of Institutional Service.</p> <p><input type="checkbox"/> For additional help, click here to access the User Guide for the VA-DoD Outpatient Billing Guide on the TMA UBO Website</p>					

Clear Worksheet

Print Worksheets

Export Worksheet



TRICARE Management Activity
Uniform Business Office



VA-DoD Resource Sharing Outpatient Billing Guide Features

- Hyperlinks are provided to applicable rate tables
- VA-DoD discount calculated automatically
- Variable rate version also available that allows discount % or charge to be added in accordance with local sharing agreement
- Ability to add multiple services/supplies/pharmaceuticals on one workbook page if needed
- Worksheet is cleared automatically every time the document is opened
- Ability to export completed worksheets and save copies



- Institutional Costs are not calculated because the 2009 National Outpatient Billing Guidance instructs MTFs to negotiate these costs locally
- When looking up CMAC rates for Outpatient encounters, use Category 2 rates (physician non-facility) or Category 4 (non-physician non-facility) for services provided
 - Map the provider described in the encounter documentation to the correct TRICARE Provider Category
 - Category 2 (Non-Facility Physician): Services of MDs, DOs, optometrists, podiatrists, psychologists, oral surgeons, audiologists, and CNMs provided in a non-facility setting
 - Category 4 (Non-Facility, Non-Physician): Services, of all other providers not found in Category 2, provided in a non-facility setting



VA-DoD Resource Sharing Outpatient Billing Guide Release

- Outpatient Billing Guide is available for download at
[http://
www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#Outpatient](http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#Outpatient)
- Two versions are available:
 - Standard Version with VA-DoD discounts based on the national billing guidance (e.g., TRICARE CMAC less 10%)
 - Variable Rate Version with ability to enter discount % or cost based on local agreement



- A VA patient has an appendectomy performed at Navy Medical Center San Diego, an MTF that provides standard VA-DoD resource sharing agreement care
- He is put under anesthesia for 90 minutes by a facility physician
- The patient stays in hospital for 2 days before being discharged to his home
- The following information is documented in the inpatient clinical encounter record:

Institutional Services

- LOS: 2 days
- MS-DRG: 343 (appendectomy w/o complicated principal diag w/o cc/mcc)
- Disposition Status: 01 (Home)
- Facility ZIP Code: 92134

Professional Services

- CPT® Codes: 44950 (appendectomy), 99231 (subsequent hospital care), and 99232 (subsequent hospital care)
- Category of Provider: 1 (Facility Physician) -for all three CPT® Codes

Anesthesia Services

- CPT® Code: 00840
- Anesthesia provider: Physician
- Time of Anesthesia in minutes: 90



Practice Scenario - Institutional Services

- Enter the 4 required inputs from the inpatient clinical encounter record into the “VA-DoD Inp. Inst. Calculator” worksheet:
 - LOS: 2 days
 - MS-DRG: 343 (appendectomy w/o complicated principal diag w/o cc/mcc)
 - Disposition Status: 01 (Home)
 - Facility ZIP Code: 92134

VA-DoD Resource Sharing - Inpatient Institutional Billing		
Modified TRICARE MS-DRG Payment Calculator - For Patients Discharged in FY14		
Claim Information	LOS	2
	MS-DRG	343
	Disposition Status	1
Hospital-Specific Information	Facility ZIP Code (5 digits)	92134
Policy Information	VA-DoD Discount	10%
Payment Summary	Inpatient Institutional Charge	\$ 5,927.71



Practice Scenario – Professional Services

- Use the link to the TRICARE CMAC Procedure Pricing Web site to determine the costs for Professional Services
 - Facility ZIP Code: 92134
 - CPT® Codes: 44950 (appendectomy), 99231 (subsequent hospital care), and 99232 (subsequent hospital care)
 - Category of Provider: 1 (Facility Physician) – applies to all three CPT® Codes

CMAC for Category 1 \$637.83
Category of Provider Facility Physician

CMAC for Category 2 \$637.83
Category of Provider Non-Facility Physician

CMAC for Category 3 \$542.16
Category of Provider Facility Non-Physician

CMAC for Category 4 \$542.16
Category of Provider Non-Facility Non-Physician

- After looking up the rate and entering it in the Cost column, click the plus button next to “Professional Services” to add a blank new line

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator	\$ -		\$ 5,927.71	
+ Professional Services	44950	TRICARE CMAC less Discount*	\$ 637.83	10%	\$ 574.05	
+ Professional Services		TRICARE CMAC less Discount*	\$ -	10%	\$ -	



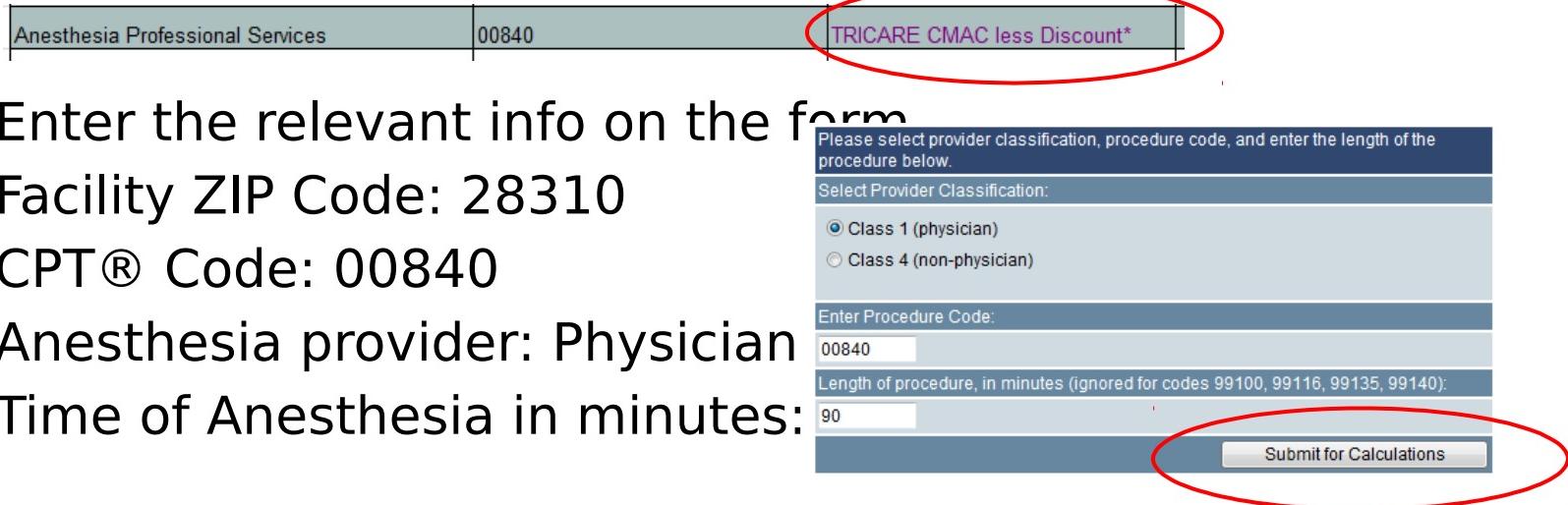
Practice Scenario – Professional Services

- Enter the rate for each CPT® code in the “Cost” column
- The VA-DoD Discount is applied automatically
- If this MTF had negotiated a discount other than 10%, the use the Variable Rate version of the calculator and manually enter the discount under the “Discount”

VA-DoD Resource Sharing - Inpatient Billing Guide						
	Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount
	Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator	\$ -		\$ 5,927.71
+	Professional Services	44950	TRICARE CMAC less Discount*	\$ 637.83	10%	\$ 574.05
+	Professional Services	99231	TRICARE CMAC less Discount*	\$ 38.86	10%	\$ 34.97
+	Professional Services	99232	TRICARE CMAC less Discount*	\$ 71.70	10%	\$ 64.53
+	Durable Medical Equipment		Cost	\$ -	0%	\$ -
+	Ambulance Services		CMS Ambulance less Discount*	\$ -	10%	\$ -
+	Anesthesia Professional Services		TRICARE CMAC less Discount*	\$ -	10%	\$ -
+	Purchased Care Services from Outside Facility		cost	\$ -	0%	\$ -
+	Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
+	Pass-through Items		cost	\$ -	0%	\$ -
+	Other		cost	\$ -	0%	\$ -
	Total					\$ 6,601.26

Practice Scenario – Anesthesia Services

- Click the link to the TRICARE CMAC Anesthesia Procedure Pricing Web site to determine the costs for Anesthesia Services



Anesthesia Professional Services 00840 TRICARE CMAC less Discount*

Please select provider classification, procedure code, and enter the length of the procedure below.

Select Provider Classification:

Class 1 (physician)
 Class 4 (non-physician)

Enter Procedure Code:
00840

Length of procedure, in minutes (ignored for codes 99100, 99116, 99135, 99140):
90

Submit for Calculations

- Click on “Submit for Calculations” and the allowable amount will be calculated

Anesthesia Rates for Procedure Code: 00840	
Locality Code: 360	
Current Rate Effective as of Monday, April 01, 2013	
Class:	Class 1 Provider
Duration:	90 minutes
Allowable amount:	\$253.08

Note: Procedure duration rounded up to next 15-minute interval



Practice Scenario – Anesthesia Services

- Enter “allowable amount” in “Cost” column of the IBG
- VA-DoD discount is automatically applied to calculate VA Billable Amount
- Total VA Billable Amount populates at the bottom

Anesthesia Rates for Procedure Code: 00840	
Locality Code: 360	
Current Rate Effective as of Monday, April 01, 2013	
Class:	Class 1 Provider
Duration:	90 minutes
Allowable amount:	\$253.08

Note: Procedure duration rounded up to next 15-minute interval

VA-DoD Resource Sharing - Inpatient Billing Guide					
	Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %
	Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator	\$ 5,927.71	
+	Professional Services	44950	TRICARE CMAC less Discount*	\$ 637.83	10% \$ 574.05
+	Professional Services	99231	TRICARE CMAC less Discount*	\$ 38.86	10% \$ 34.97
+	Professional Services	99232	TRICARE CMAC less Discount*	\$ 71.70	10% \$ 64.53
+	Durable Medical Equipment		Cost	\$ -	0% \$ -
+	Ambulance Services		CMS Ambulance less Discount*	\$ -	10% \$ -
+	Anesthesia Professional Services	00840	TRICARE CMAC less Discount*	\$ 253.08	10% \$ 227.77
+	Purchased Care Services from Outside Facility		cost	\$ -	0% \$ -
+	Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0% \$ -
+	Pass-through Items		cost	\$ -	0% \$ -
+	Other		cost	\$ -	0% \$ -
	Total				\$ 6,829.03

- To clear the worksheet, click on “Clear Worksheet”
- To print out a copy of the three worksheets, click on “Print Worksheets”
- To export and save a copy of the worksheets, click on “Export Worksheets”, then save

VA-DoD Resource Sharing - Inpatient Billing Guide					
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator	\$ 5,927.71		
+ Professional Services	44950	TRICARE CMAC less Discount*	\$ 637.83	10%	\$ 574.05
+ Professional Services	99231	TRICARE CMAC less Discount*	\$38.86	10%	\$ 34.97
+ Professional Services	99232	TRICARE CMAC less Discount*	\$71.70	10%	\$ 64.53
+ Durable Medical Equipment		Cost	\$ -	0%	\$ -
+ Ambulance Services		CMS Ambulance less Discount*	\$ -	10%	\$ -
+ Anesthesia Professional Services	00840	TRICARE CMAC less Discount*	\$ 253.08	10%	\$ 227.77
+ Purchased Care Services from Outside Facility		cost	\$ -	0%	\$ -
+ Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
+ Pass-through Items		cost	\$ -	0%	\$ -
+ Other		cost	\$ -	0%	\$ -
Total					\$ 6,829.03

Clear Worksheet
Print Worksheets
Export Worksheet

Questions & Answers





Instructions for CEU Credit

This in-service webinar has been approved by the American Academy of Professional Coders (AAPC) for 1.0 Continuing Education Unit (CEU) credit for DoD personnel (.mil address required). Granting of this approval in no way constitutes endorsement by the AAPC of the program, content or the program sponsor. There is no charge for this credit.

- **Live broadcast webinar (post-test not required)**
 - Login prior to the broadcast with your: 1) full name; 2) Service affiliation; and 3) e-mail address
 - View the entire broadcast
 - After completion of both of the live broadcasts and after attendance records have been verified, a Certificate of Approval including an AAPC Index Number will be sent via e-mail to participants who logged in or e-mailed as required. This may take several business days.
- **Archived webinar (post-test required)**
 - View the entire archived webinar (free and available on demand at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm)
 - Complete a post-test available *within* the archived webinar
 - E-mail answers to UBO.LearningCenter@altarum.org
 - If you receive a passing score of at least 70%, we will e-mail MHS personnel with a .mil email address a Certificate of Approval including an AAPC Index Number
- The original Certificate of Approval may not be altered except to add the participant's name and webinar date or the date the archived Webinar was viewed. Certificates should be maintained on file for at least six months beyond your renewal date in the event you are selected for CEU verification by AAPC
- For additional information or questions regarding AAPC CEUs, please contact the AAPC.
- Other organizations, such as American Health Information Management Association (AHIMA), American College of Healthcare Executives (ACHE), and American Association of Healthcare Administrative Managers (AAHAM), may also grant credit for TMA UBO Webinars. Check with the organization directly for qualification and reporting guidance.